

James Adams

Town

County

Died at Paulkner

Charles

MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1902	Apr	22	30	—	—	—	Charles C. M.	Labourer
Male Female			White Colored			Married Single		
			Widow Widower			Divorced Number of children living		

Husband of

Name

Father's Name James Adams

Mother's Name Nellie Adams

Cause of Primary Tuberculosis

How long sick

4 months

Death Immediate

Accident, Suicide, Homicide

Reported by Peter W. Roby Sub-Registrar

Address Bel Alton M.d.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Ida Barbour
 Died at *Manassas* Town *Charles* County MARYLAND
 Date 1902 *April 28* Month *April* Day *28* Age *6* Y. M. D. Native of *md* Occupation
~~Male~~ *White* Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

 Robert Barbour
 Maiden Name

Mother's

 Alice Tubman
 How long sick

177

Accident, Suicide, Homicide

Reported by

Address

 Frederick Small
 Manassas Charles Co md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

This Person was
attended by

Dr J. H. Speake

he being
away from home

could not get
his Certificate

he being in Balto

Name In Full

Certificate of Death

Mrs H. A. Carter

Town

County

Died at

Hughesville

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation,

4 - 4 Age 78 - - - - -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband
of
Wife

Henry A. Carter

Father's
Name

Mother's

Maiden Name

Cause of

Primery

Abscess leg.

How long sick

Death

Immediate

Cepthia front

Accident, Suicide, Homicide

Reported by

H. C. Chappellman

Address

H. C. Chappellman

Must be signed by physician, if any in attendance, otherwise by clergyman, undertaker or minister.

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Name In Full

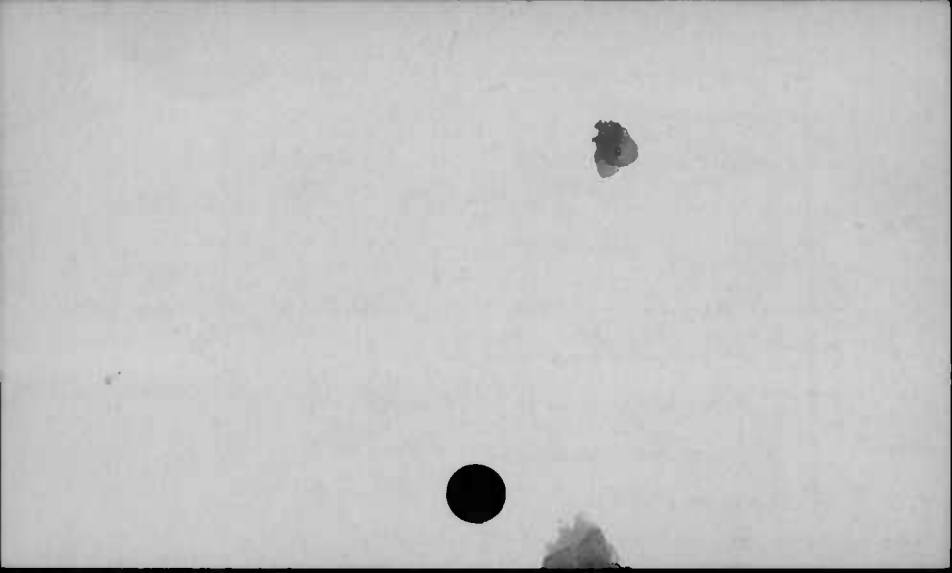
Certificate of Death

John Francis Dykes
 Town County
 Died at *Glymont* *Charles* MARYLAND
 Date 1902 *April 14* Y. M. D. Age *46* Native of *Ind.* Occupation *Labner*
 Male *White* Married *Widow* Divorced
 Female Colored Single *Widower* Number of children living *6*

Husband of *Laura ~~Dykes~~ Briscoe*
 Wife
 Father's Name *Joe Francis Dykes* Mother's Maiden Name *Julia Ann Scott*
 Cause of Death { Primary *Pneumonia* How long sick *12 days*
 Immediate *Stroke from death of son* Accident, Suicide, Homicide

Reported by *J. W. Mitchell M.D.*
 Address *Pennocky* *Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm Alexander Dyers
 Town County

Died at *Glynn* *to* *the* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 April 13 Age 16 *Med*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living 5-

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

Paralysis of Heart

How long sick

9~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel G. Land -

Town

County

Died at

Ballant Green Charles

MARYLAND

Date 19

02

Month

Day

4 28

Y.

M.

D.

Age 45 - -

Native of

Md

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

-

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

79

Cause of

Primary

Hegul - disease

How long sick

Sweden

Death

Immediate

Failure

Accident, Suicide, Homicide

Reported by

H. C. Chappelle M.D.

Address

H. C. Chappelle M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James Andrew Harry

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr

2

Age

2

2

6

Maryland

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

George Hendricks

Town

County

Died at

Indian Head.

Chesapeake

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 25

Age

66

Born.

Fisherman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Louise Gurnea

Wife

Father's

Mother's

Name

Not known

Name

Not known

Cause of

Primary

Heart Disease

How long sick

3 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Mitchell M.D.

Address

Pocomoke Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Edward J. McClelland

Town

County

Died at Mar La Plata

Charles

MARYLAND

Date 1901 4 ~~28~~ 23 Month Day Y. M. D. Native of Occupation

Male White Married Widow Divorced Date 1901 4 ~~28~~ 23 Age 4 8- Balto, Md.

Female Colored Single Widower Number of children living

Husband of

Wife

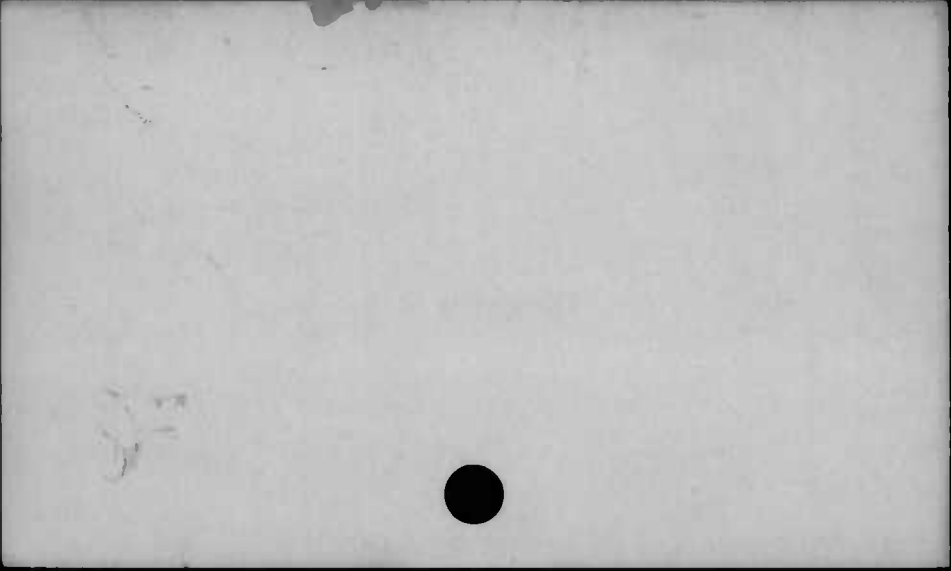
Father's Name David P. McClelland Mother's Maiden Name Mary M. Kil Murray

Cause of Death { Primary Tuberculosis - inherited tendency How long sick about 7 mos
Immediate Malnutrition Accident, Suicide, Homicide

Reported by Miss S. C. ...

Address La Plata Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



~~James~~ Edward Monroe
 Died at La Plata Town Charles County MARYLAND
 Date 1902 Month April Day 10 Age 68 Y. M. D. Native of Charles Co Occupation Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband
of
Wife

Father's
Name

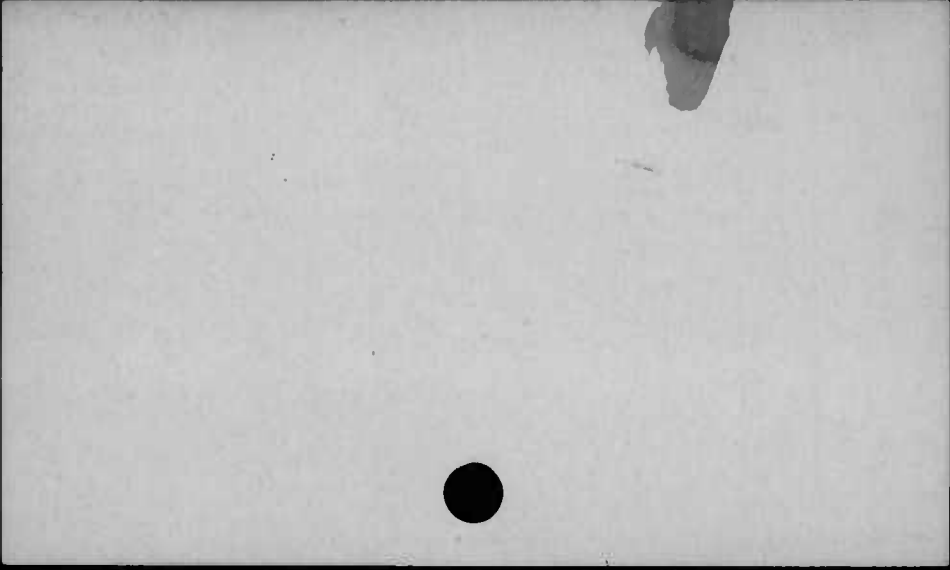
Mother's
Maiden Name

Cause of Death { Primary La Grippe 10
 Immediate Valvular disease of heart
 How long sick 2 months
 Accident, Suicide, Homicide

Reported by Thos. J. Green

Address La Plata Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah A. Pomeroy
 Died at *Port Union* Town *Charles* County *MARYLAND*

Date 189 *1901* Month *April* Day *19* Y. *31* M. *31* D. *31* Native of *Charles* Occupation *Housewife*
 Male *White* Married *Single* Widow *Divorced*
 Female *Colored* Single *Widower* Number of children living *2*

Husband of *Frederick Pomeroy*
 Wife of *Frederick Pomeroy*
 Father's Name *Augustus Pomeroy* Mother's Name *Elizabeth Pomeroy*

Cause of Death { Primary *Typhoid Fever* How long sick *16 days*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Dr. Pomeroy*
 Address *Port Union*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coronar, undertakar or ministar.

William Queen

Town

Pisgah

County

Charles.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

4, 16

Age

52.

Md

Laborer

~~White~~~~Colored~~~~Widower~~~~Single~~

Colored

Widower

Number of children living

4

Mother's

Maiden Name

Charles Queen

Francis

Gray

Primary

Typhoid Fever

How long sick

7 weeks

Immediata

Edema of Lungs & Heart Failure

Accident, Suicide, Homicide

Reported by

Samuel L. Hammon Md.

Address

Mason Springs
Md.



Name in Full

Certificate of Death

Not Married (Ross)

Died at Glynn County Char MARYLAND
 Date 1962 April 9 Y. M. D. Native of Ind Occupation _____
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living _____

Husband of _____

Wife _____

Father's Name Arthur Ross Mother's Name Mary Ross

Cause of Death { Primary \$. Immediate _____ How long sick _____
 Accident, Suicide, Homicide _____

Reported by Arthur Ross
 Address Glynn Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah Jane Slater

Town

County

Died at

MARYLAND

Date 1902

Apr 4

Age 64

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Apoplexy

Death

Immediate

How long sick

12 hours

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Allevia Thomas

Town

County

Died at

MARYLAND

Date 19	02	Month 4	Day 28	Age 45	Y. M. D.	Native of	Occupation
Male		White		Married		Widow	
						Divorced	
						Widower	
						Number of children living	8

Husband of Lick Thomas

Wife

Father's Name

—

Mother's Maiden Name

—

Cause of Death	Primary	Hypertension	How long sick	sudden
	Immediate	Rupture	Accident, Suicide, Homicide	

Reported by

Address

W. C. Chappell

W. C. Chappell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant - Daugherty

Town

County

Died at

Gallant Green, Calver

MARYLAND

Date 19 0 - 4 - 9 Month Day Y. M. D. Age Native of Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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C. P. Farren

Died at ^{Town} *Mason Springs* ^{County} *Charles* *MARYLAND*

Date 1902 ^{Month} *4* ^{Day} *19* ^{Y.} *44* ^{M.} *44* ^{D.} *nd* ^{Native of} *nd* ^{Occupation} *Farmer*
 Male *White* *Married* *Widow* *Widow* *Number of children living* *0*

Husband of *Nettie D. Southerland*
 Wife *Charles H. Farren*
 Father's Name *Charles H. Farren* Mother's Name *Sarah L. Skelly*

Cause of Death { Primary *Amploid Liver. Cancerous Stomach* How long sick *3 or 4 Years*
 Immediate *Aschemia. cum Cordiac Complication* Accident, Suicide, Homicide

Reported by *Paul L. Cannon M.D.*
 Address *Mason Springs*
nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

